

Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance OFF NEW REPRORD

mmonweath Massachusetts	2013 104
le with: ity or Town Clerk or Election Commission Please print or type all	I information, except signatures.
Fill in dates: Reporting Period Beginning Month Date 3/	Year // Ending Dec 3/ /2
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding elec	ction 30 day after election Vear-end report dissolution
Full Name of Candidate (if applicable) John J Fletcher Office Sought and District New Bed Ford School Committee Residential Address 47 Park St New Bed Ford Tel. No. (optional) (508) 942 - 6653	Committee Name Committee h Elect John J Fletcher Name of Committee Treasurer MARY E. Fletcher Committee Mailing Address 41 PARKST New Bed Find, MA-62740 (308) 992-6053 Tel. No. (optional)
Line 1: Ending balance from partial Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this Line 5: Ending balance (line 3 min Line 6: Total in-kind contribution Line 7: Total (all) outstanding list Line 8: Name of bank(s) used	Second (page 2, line 11)
compaign finance ectivity including all contributions loans receipts ex	and it is, to the best of my knowledge and belief, a true and complete statement of all expenditures, disbursements, in-kind contributions and liabilities for this reporting period er the authority or on behalf of this committee in accordance with the requirements of elities of perjury:
FOR CANDIDATE FILINGS	S ONLY: (CANDIDATE MUST SIGN BELOW)
campaign finance activity, of all persons acting under the authority or have not received any contributions, incurred any liabilities nor made any Candidate without Committee OR Candidate with independent at I certify that I have examined this report including attached schedules a campaign finance activity, including contributions loans, receipts, expension finance activity.	and it is, to the best of my knowledge and belief, a true and complete statement of all or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I ny expenditures on my behalf during this reporting period. activity filing separate report and it is, to the best of my knowledge and belief, a true and complete statement of all penditures, disbursements, in-kind contributions and liabilities for this reporting period er the authority or on behalf of this committee in accordance with the requirements of

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	ach page. Name and Residential Address (alphabetical listing required)		unt	Occupation & Employer (for contributions of \$200 or mor	
		50	00		
-					
	·				
		.:			
-					
			•		
-					
-					
Line 9:	Total receipts in excess of \$50 (or listed above)	w	00		
Line 10:	Total receipts \$50 and under* (not listed above)	00	N		
Line 11:	TOTAL RECEIPTS IN THE PERIOD	v	00	Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			00 00
	,		
·			
* -			
	Line 12:	Expenditures over \$50	0000
	Line 13:	Expenditures \$50 and under*	000
		(alphabetical listing) Line 12:	

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			٠.	
		Line 15:	In-kind over \$50	00
		Line 16:	In-kind \$50 and under	00
a .	Enter on page 1, line 6	Line 17:	Total In-kind	iv

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date	To Whom Due	Address	Purpose	Amount
Incurred				
1-16-93		47 PARKST	Loan to the	
10-31-60	John J Fletcher	- New BedFord, MA	Committee to Elect	20, 700.
.0.5/			John J Fletcher	-
		1.		1267,0
9-17-64	u	n	Ъ	
9-17-04				,
3-4-05	'n	h	PARTIAN Repayments of Loun to John TFletcher	500:00
			or Loan to	000,1
1	•		John Flether	
				·
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	21,467,

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4